



RAMKRISHNA
CARE
HOSPITALS

To,

The Regional officer,
Pollution Control Board
Kabir Nagar, Raipur (C.G)

Date: 5/01/2023

SUBMISSION: SUBMISSION OF ANNUAL REPORT OF BIOMEDICAL WASTE (1ST JAN 2022 – 31ST DEC 2022),
RAMKRISHNA CARE HOSPITAL

Dear Sir,

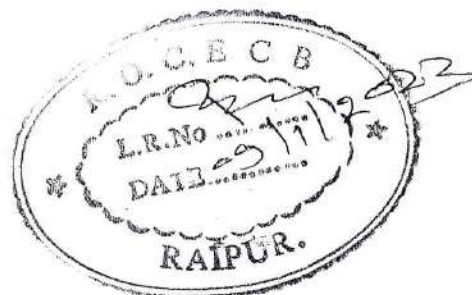
We (Ramkrishna Care Hospital) are submitting the annual Bio medical waste report for the above mentioned period.

Enclosed: Form IV

Regards,

Dr. Sandeep Dave
MD

DR. SANDEEP DAVE (M)
MEDICAL & MANAGING DIRECTOR
RAMKRISHNA CARE HOSPITAL RAIPUR



Form – IV
(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)	:	DR. SANDEEP DAV
	(ii) Name of HCF or CBMWTF	:	Ramkrishna Care MEDICAL
	(iii) Address for Correspondence	:	Near Aurvinda Enclave
	(iv) Address of Facility	:	Pachpedi Nakra Raipur
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	devendar.nirmalkar@care
	(vii) URL of Website	:	www.carehospital.com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt or any other)
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: CECB 4360/BMW/HO/CECB/2022 Valid upto: 2/8/23
	(xi). Status of Consents under Water Act and Air, Act	:	Valid upto: 30/06/2023
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 359
	(ii) Non-bedded hospital.	:	
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	RAIP0005/RAIP0005/HOR/13/01/2027
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	_____ Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	_____ Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 4535.30 Red Category: 5094.81 White: 160.075 Blue Category: 848.542 General Solid Waste:
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	
	(i) Details of the on-site storage	:	Size: 12.3X13.5 T.57X8.61

facility		Capacity: Provision of on-site storage : (Cold storage or any other provision)			
(ii)	Disposal facilities	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum
		Incinerators			
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer			
		Sharps			
		Encapsulation or concrete pit			
		Deep burial pits			
		Chemical disinfection:			
		Any other treatment equipment:	STD + (HY BOD)		
(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	Red Category (like plastic, glass, etc.) N.A.			
(iv)	No. of Vehicles used for collection and transportation of biomedical waste	2			
(v)	Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Generated	Where disposed	
		Incineration Ash			
		ETP Sludge	NIL		
(vi)	Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	SMS WATERWAYS PVT. LTD.			
(vii)	List of member HCF not handed over bio-medical waste.				
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	YES + (12 MONTH Report)			

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		
	(ii) Number of personnel trained		
	(iii) Number of personnel trained at the time of induction		
	(iv) Number of personnel not undergone any training so far		NON
	(v) Whether standard manual for training is available?		YES
8	Details of the accident occurred during the year		NIL
	(i) Number of Accidents occurred		NIL
	(ii) Number of persons affected		
	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details		
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NIL (ALL PARAMETER WITHIN Lim N A
	Details of Continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		NIL All Parameter within Lim
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NIL All Parameter within Lim
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

1st January 2022 - 31st Dec 2022

Name and Signature of the Head of the Institution
SANDILAKSHI
MEDICAL & MANAGING DIRECTOR
KRISHNA CARE HOSPITAL

Date:

Place: